

**NOTICE OF APPEAL
FROM THE EXAMINER TO THE BOARD OF
PATENT
APPEALS AND INTERFERENCES**

Docket Number (Optional)

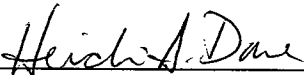
8465-40

Certificate of EFS Filing Under 37 CFR §1.8

I hereby certify that this correspondence is being electronically transmitted via the EFS to the United States Patent and Trademark Office, Commissioner for Patents, via the EFS pursuant to 37 CFR §1.8 on the below date:

Date: June 5, 2009Name: Heidi A. Dare, Reg. No. 50,775

Signature

In re Application of Lasse W. Mogensen et al.

Application No.

10/687,568

Filed

October 15, 2003

For Injector Device for Placing a Subcutaneous Infusion SetArt
Unit

3767

Confirmation No.

7139

Examiner

Elizabeth Rose Moulton

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ _____

☒ Fees set forth in 37 CFR 41.20 have already been paid in this application.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 23-1925.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public.

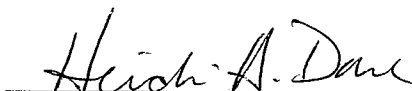
Credit card information should not be included on this form.

Provide credit card information and authorization on PTO-2038.

I am the:

☐ Applicant/Inventor.

Signature



☐ Assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR
3.73(b) is enclosed.
(Form PTO/SB/96)

Heidi A. Dare

Typed or Printed Name

☒ Attorney or agent of record.
Registration No. 50,775.

☐ Attorney or agent acting under 37 CFR 1.34.
Registration No. if acting under 37 CFR
1.34. _____.

(312) 321-4200

Telephone number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

June 5, 2009

Date

☐ *Total of _____ forms are submitted.